(b) Childhood blindness has a high rate of prevalence in the country (0.8/1000) with certain regional variations (Andhra Pradesh: 0.61/1000, West Bengal: 0.51/1000 and Delhi: 1/1000). 40% of childhood blindness is preventable and treatable.

(c) The main reasons for blindness among children are:-

- Vitamin-A Deficiency
- Measles
- Ophthalmia Neonatorum
- Retinopathy of Pre-maturity
- Cataract
- Glaucoma
- Injuries

(d) The efforts being made under National Programme for Control of Blindness to check blindness among children are as under:–

- Setting up of Paediatric Ophthalmology Units in Medical Colleges/ Regional Institutes of Ophthalmology/ State level Eye Hospitals in NGO and Private Sector
- Setting up of Vision Centres in the periphery
- Training of doctors and paramedics
- School Eye -Screening and provision of spectacles for poor children
- Non-recurring and recurring Grant-in-aid to Eye Banks and Eye Donation Centres
- Development of training and IEC material for awareness about childhood blindness
- Regular monitoring and evaluation.

CGHS dispensaries for pensioners in the State capitals

2081. SHRI KANJIBHAI PATEL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the policy of Government for setting of CGHS dispensaries in the capitals of States for serving/retired Government officers/employees;

(b) whether any proposal for setting up a CGHS dispensary at Gandhinagar, Gujarat is under consideration of Government;

(c) whether it is also a fact that capitals of States are having CGHS dispensaries except Gandhinagar, the capital of Gujarat; and

(d) if so, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) For setting up of CGHS in a city, number of likely beneficiaries is the guiding factor. However, due to

resource constraints, it has not been found possible to open new dispensaries or extend CGHS to cities not covered by it.

In addition to the capital of Gujarat not having CGHS facilities, the following States/Union Territories do not have CGHS facility:–

Jammu and Kashmir; Arunachal Pradesh; Nagaland; Himachal Pradesh; Chhattisgarh; Manipur; Sikkim; Tripura; Mizoram; Goa; Andaman and Nicobar Islands; Dadra and Nagar Haveli; Daman and Diu; Lakshdweep and Puducherry.

TB cases in Delhi

2082. SHRI RAJEEV CHANDRASEKHAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that 3 lakh new TB cases every year are being reported in Delhi for sometime now;

(b) if so, whether Government have probed/propose to probe the reasons therefor; and

(c) if so, the details thereof and how Government propose to tackle the problems?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir.

(b) Does not arise.

(c) The Revised National TB Control Programme (RNTCP) widely known as DOTS, which is WHO recommended strategy, is being implemented as a 100% Centrally Sponsored Scheme in the entire country.

Under the programme, diagnosis and treatment facilities including supply of anti TB drugs are provided free of cost to all TB patients. For quality diagnosis, designated microscopy centres have been established for every one lac population in the general areas and for every 50,000 population in the tribal, hilly and difficult areas. Sputum microscopy instead of X-ray avoids over diagnosis and identifies infectious cases. More than 12250 microscopy centres have been established in the country. Drugs are provided to the TB patients in patient wise boxes to ensure that all drugs for full course of treatment are earmarked the day a patient is registered for treatment under the programme. Treatment centres (DOT centres) have been established near the residence of patients to the extent possible. All government hospitals, Community Health Centres (CHC), Primary Health Centres (PHCs), Sub-centres are DOT Centres, in addition, NGOs, Private Practitioners (PPs) involved under the RNTCP, Community Volunteers, Anganwadi workers, Women Self Groups etc. also function as DOT Providers/DOT Centres. Drugs are provided under direct observation and the patients are monitored so that they complete their treatment.

To make the programme more accessible to larger segments of the population, and to supplement the Government efforts in this direction, emphasis is being given also to involve medical colleges, all general hospitals, Corporate hospitals, private practitioners and NGOs in the programme.